



AIM APPLICATION

USCGA Partners Code

PERSONAL DATA

Name: _____
Last First Middle Preferred

Applying as: ☒ High School Junior for USCGA Summer AIM program

Height (inches): _____ Weight (lbs): _____

E-mail Address: _____ Gender: _____

Permanent Home Address: _____
P.O. Box Number and Street Address

City/Town State Country Zip Code

If different from above, please provide your mailing address for all Admissions Correspondence:

Mailing Address: _____
P.O. Box Number and Street Address

City/Town State Country Zip Code

Phone at Mailing Address: _____ Phone at Permanent Address: _____

STATISTICAL DATA

Citizenship: ☐ U.S. Citizen, by birth ☐ U.S. Citizen, Naturalized ☐ Not a U.S. Citizen

Ethnicity: _____

First Language, if other than English: _____ Language Spoken at home: _____

Have you ever visited the Coast Guard Academy? ☐ Yes ☐ No

Have you ever been detained, arrested, indicted or convicted of a civil, criminal or military offense or been summoned to court?

☐ Yes ☐ No If Yes, please explain below:

Please list the summer program dates of attendance in order of preference. Each week's program is identical. Every effort will be made to accommodate your first choice. Feel free to provide comments.

AIM week 1	10-16 July 2004	<input type="checkbox"/> 1 st choice	<input type="checkbox"/> 2 nd choice	<input type="checkbox"/> 3 rd choice	<input type="checkbox"/> don't care	<input type="checkbox"/> cannot attend
AIM week 2	17-23 July 2004	<input type="checkbox"/> 1 st choice	<input type="checkbox"/> 2 nd choice	<input type="checkbox"/> 3 rd choice	<input type="checkbox"/> don't care	<input type="checkbox"/> cannot attend
AIM week 3	24-30 July 2004	<input type="checkbox"/> 1 st choice	<input type="checkbox"/> 2 nd choice	<input type="checkbox"/> 3 rd choice	<input type="checkbox"/> don't care	<input type="checkbox"/> cannot attend

Name: _____

Date: _____

EDUCATIONAL DATA

High School You Now Attend: _____

Mailing Address: _____

P.O. Box

Number and Street Address

City/Town

State

Country

Zip Code

Type of School: ☐ Public ☐ Private ☐ Parochial ☐ Home School Graduation Date (month/yr): _____

Please provide your high school Grade Point Average & the scale: _____ ☐ Exact ☐ Approximate

Does your High School Rank? ☐ Yes ☐ No

If YES, please provide your high school rank: _____ out of _____ ☐ Exact ☐ Approximate

Have you taken any of the following standardized tests?

☐ PSAT Date: _____ Math: _____ English: _____ Composite: _____

☐ PLAN Date: _____ Math: _____ Verbal: _____ Composite: _____

☐ SAT Date: _____ Math: _____ Verbal: _____ Composite: _____

☐ ACT Date: _____ Math: _____ English: _____ Composite: _____

Did you or do you plan to receive any special accommodation, such as extended time, on your standardized test(s)?

☐ Yes ☐ No ☐ Maybe

Please indicate what classes you plan to take during your senior year of high school:

Math: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Math: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Science: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Science: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

English: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

English: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Other: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Other: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Other: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Other: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Other: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Other: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Other: _____ ☐ Honors ☐ AP ☐ I/B ☐ College

Name: _____

Date: _____

ATHLETIC, EXTRACURRICULAR, PERSONAL and VOLUNTEER ACTIVITIES (including summers)

Please list your principal athletic, extracurricular, community / family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. You may check the box under grade 12 if you currently plan to continue the activity as a senior.

Activity	Grade Level				Positions Held Honors Received or Varsity Letters Earned	Do you plan to participate in College?
	9	10	11	12		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

Describe your activities, if any, related to technology, science, math or engineering. Note any awards you have received.

WORK EXPERIENCE

List any jobs (including summer employment) you have held during the past three years.

Specific nature of work	Employer	Approximate dates of employment	Approximate hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe which of your athletic, work or extra curricular experiences, have had the most meaning for you and why.

PERSONAL STATEMENT

Why do you want to attend the Coast Guard Academy Summer AIM program? Please attach a separate page.

Name: _____

Date: _____

APPLICATION CHECKLIST

Mail the following documents to USCGA, attn AIM Coordinator:

- ☐ Completed AIM Application and attached essay (1 copy)
- ☐ High School Transcript (1 copy)
Your transcript must include grades through the first half of your Junior year of high school.
- ☐ AIM Recommendation Form (1 copy)
- ☐ PSAT/PLAN/SAT or ACT scores (if available)
- ☐ AIM Medical Checklist (1 copy)
- ☐ AIM Scholarship Request Form (optional) (1 copy)

Mail the following documents to your local USCG Auxiliary Representative:

- ☐ Completed AIM Application and attached essay (1 copy)
- ☐ High School Transcript (1 copy)
Your transcript must include grades through the first half of your Junior year of high school.
- ☐ AIM Recommendation Form (1 copy)
- ☐ PSAT/PLAN/SAT or ACT scores (if available)
- ☐ AIM Medical Checklist (1 copy)

To determine the mailing address for your local USCG Auxiliary Representative, please see the directions on the Academy website.

1. I hereby apply for consideration for the Academy Introduction Mission (AIM) program at the United States Coast Guard Academy during July 2004.
2. I certify that at the time of this application, I am not over 18 years of age, nor under 15 years of age, that I am a U. S. Citizen and that I am a High School Junior.
3. I certify that at the time of this application I am not married and that I do not have any legal dependents.
4. I understand that the Coast Guard Academy AIM program is physically challenging, involving daily exercise. To the best of my knowledge, I am physically fit and have no medical conditions that would prevent me from participating in strenuous exercise.
5. I understand that upon acceptance, a \$275 fee (excluding transportation) for meals and other incidentals will be required if I choose to attend.
6. I understand that upon acceptance, I will be required to furnish a medical release document that will include medical insurance information and an emergency contact sheet if I choose to attend.
7. I understand I will be under no obligation to the U. S. Coast Guard, U. S. Coast Guard Academy or U. S. Coast Guard Auxiliary due to my participation in the AIM Program.

Applicant Signature & date

Parent/Guardian Signature & date